

# WORKING AT HEIGHTS PERMIT

**SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT**

*Building or maintenance work may be required in areas designated as Confined Space. If entering a confined space cannot be avoided, then a safe system for working inside the space must be implemented. This permit to work is issued to the nominated recipient for the specific occasion stipulated below:*

Work Permit/MEX No:	
This permit is valid from:	hrs on                      to                      hrs on
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Location of works:	Campus/Building:
Reason for and description of works:	

- a) Risk assessment has been carried out and is attached  Yes  No
- b) Safe Work Method Statement (SWMS) has been produced and is attached  Yes  No
- c) In my opinion the hazard and engineering controls are adequate  Yes  No

*I have examined the area specified, have the appropriate training to issue the permit, and give permission is for the work to start, subject to the conditions hereon:*

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....

**SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK**

*Before approval is granted to proceed with work, confirm the following:*

- a) As far as reasonably practical the risks associated with the confined work have been eliminated  Yes
- a) Additional permits have been submitted as required (eg Confined Space Entry Permit, Asbestos, Hot Work and Overhead or Roof Work)  Yes  No

Isolations identified and required as per SWMS (tick as appropriate):	<input type="checkbox"/> Circuit breaker locked out/fuses withdrawn/isolator locked <input type="checkbox"/> Circuit tested and found to be dead <input type="checkbox"/> Mechanical or physical isolation <input type="checkbox"/> Valves closed/locked off/spades inserted <input type="checkbox"/> Pipelines drained/purged/disconnected/vented to atmosphere <input type="checkbox"/> Isolation procedure attached <input type="checkbox"/> Other (specify):
Precautions detailed in SWMS (tick as appropriate):	<input type="checkbox"/> Hot work permit <span style="float: right;"><input type="checkbox"/> Protective clothing</span> <input type="checkbox"/> Respiratory equipment <span style="float: right;"><input type="checkbox"/> Safety belt or harness</span> <input type="checkbox"/> Protected electrical equipment <span style="float: right;"><input type="checkbox"/> Lifting tackle</span> <input type="checkbox"/> Non-sparking tools <span style="float: right;"><input type="checkbox"/> Special ventilation</span> <input type="checkbox"/> Physical barriers and signage <input type="checkbox"/> Additional precautions (if none state none): Atmosphere tests <i>are not / are</i> required at intervals of .....
Other Precautions required :	Method/technique: Materials:
Personnel controls identified in the Confined Space Entry Permit:	<input type="checkbox"/> Entry and exit procedures <input type="checkbox"/> Maximum number of persons allowed in at one time <input type="checkbox"/> Maximum time each person allowed in at one stretch <input type="checkbox"/> Length of rest pauses between stretches <input type="checkbox"/> Number of watchers <input type="checkbox"/> Names of persons entering the confined space

- a) I have read and understood the requirements and procedures required in this permit to work.  Yes

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

**SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO**

*The permitted work in the confined space has been completed and all persons have left the space.*

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....